

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445172	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/04/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SMITH COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>42 CFR 483.70(a)</p> <p>K3 BUILDING: 0101 K6 PLAN APPROVAL: 1983 K7 SURVEY UNDER: 2000 Existing K8 SNF/NF</p> <p>Type of Structure: Two story, Type II (000), 1983, unprotected non-combustible concrete and steel frame structure with a total of seven smoke compartments. The facility has a complete automatic (wet) sprinkler system inside the structure and (dry pipe) outside on the overhang.</p> <p>A Comparative Federal Monitoring Survey was conducted on 4/4/2013, following a State Agency Annual Survey on 3/3/2013 in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Kindred Nursing and Rehabilitation - Smith County was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).</p>	K 000	<p>POC ACCEPTED</p> <p>APR 26 2013</p> <p><i>KDO</i></p> <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		
K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p>	K 038	<p>K038</p> <p>It is the practice of this Center to maintain exit access arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Properly installed delayed egress locking devices are provided on exit doors. The delayed egress locking device for the exit door on the 300 wing next to resident room 311 was adjusted to perform properly on 04/04/13.</p> <p>When tested after adjustment the audible alarm sounded and the door opened in 15 seconds when pressure was applied to the door push bar.</p>	05/10/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SMITH COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 038	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide properly installed delayed egress locking devices. The deficient practice affected one of seven smoke compartments, staff and 20 residents. The facility has a capacity for 128 beds with a census of 97 the day of survey.</p> <p>Findings include:</p> <p>Observation on 4/4/2013 at 11:20 a.m., revealed the delayed egress exit door on the 300 wing next to resident room 311 failed to sound an audible alarm and open in 15 seconds when pressure was applied to the door push bar.</p> <p>Interview at 11:20 a.m., with the Maintenance Supervisor revealed the facility was not aware of the requirement the delayed egress door sound an alarm and open in 15 seconds when sufficient pressure is applied to the door releasing push bar.</p> <p>The census of 97 was verified by the Administrator on 4/4/2013. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 4/4/2013.</p> <p>Actual NFPA Standard: NFPA 101, 7.2.1.6.1. Approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic</p>	K 038	<p>Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice will be identified by use of this exit. This exit is only to be used in an emergency.</p> <p>All facility exit doors equipped with delayed egress locking devices were tested on 04/05/13 and opened within 15 seconds when pressure was applied to the door push bar.</p> <p>All facility exit doors equipped with delayed egress locking devices will be tested 04/05/13, 04/12/13, 04/19/13, 04/26/13, 04/29/13, 05/01/13, 05/03/13, 05/06/13, 05/08/13, 05/10/13.</p> <p>All facility exit doors equipped with delayed egress locking devices are on the Center Preventive Maintenance Program. Each door is checked and tested weekly. Regular Preventive Maintenance will resume its regular schedule after 05/10/13. Documentation will be in the Preventive Maintenance (PM) Log. PM Logs will be reviewed by the Safety Committee quarterly to ensure continued compliance.</p> <p>Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the PI (QA) Committee Monthly.</p> <p>Future compliance will be assured by monitoring by Plant Operations Director and Administrator.</p>		

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PRINTED: 04/18/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-SMITH COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 412 HEALTH CARE DR CARTHAGE, TN 37030		
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K 038	Continued From page 2 sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided that the following criteria are met: (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) * On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5 cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS NFPA 101 LIFE SAFETY CODE STANDARD	K 038	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
K 072 SS=E	Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct	K 072	K072 It is the practice of this Center to have means of egress that are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. 7.1.10 Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice will be identified by need of assistance during a fire or emergency.	05/10/13	

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K 072	<p>Continued From page 3</p> <p>exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress free of obstructions and maintain the means of egress to full and instant use. The deficient practice affected two of seven smoke compartments, staff and 40 residents. The facility has the capacity for 128 beds with a census of 97 the day of survey.</p> <p>Findings include:</p> <p>Observation on 4/4/2013 from 11:45 a.m. to 12:00 p.m., during facility tour, revealed the facility placed a three foot wide cloth ottoman in the emergency exit corridors in wings 600 and 700 next to resident rooms 603 and 702. The three foot wide ottomans partially obstructed the means of egress. Both ottomans were in the means of egress corridor for more than 30 minutes.</p> <p>Interview on 4/4/2013 at 12:00 p.m., with the facility Maintenance Supervisor revealed that the facility was not aware of the requirement to maintain the means of egress free of obstructions and maintaining the means of egress for full and instant use in the case of an emergency exit.</p> <p>The census of 97 was verified by the Administrator 4/4/2013. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 4/4/2013.</p>	K 072	<p>The three foot wide cloth ottoman(s) in the emergency exit corridors in wings 600 and 700 next to resident rooms 603 and 702 are part of a Care-Foam Chair system. The Chair and Foot rest are to be used together for patient comfort. Use of the Care-Foam Chair allows debilitated residents otherwise unable to come out of their rooms. Staff withdrew the chair(s) with the patients and did not remove the ottoman(s).</p> <p>Supervisors and Staff to be instructed through in-service to remove the ottomans when they move the residents. (04/24/12, 04/26/13, 04/27/13, 04/28/13, 04/29/13, 05/02/13, 05/03/13, 05/04/13, 05/05/13, 05/06/13, 05/08/13, 05/10/13) by the DON, ADON, SDC, Staff Nurse, Plant Operations Director or Administrator.</p> <p>Staff will be in-serviced that the Center must have means of egress that are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency (04/24/12, 04/26/13, 04/27/13, 04/28/13, 04/29/13, 05/02/13, 05/03/13, 05/04/13, 05/05/13, 05/06/13, 05/08/13, 05/10/13) by the DON, ADON, SDC, Staff Nurse, Plant Operations Director or Administrator.</p> <p>Future compliance will be assured by monitoring by DON, ADON, SDC, Staff Nurse, Plant Operations Director or Administrator.</p> <p>Non-compliance will be corrected immediately and reported to the Safety Committee. The Safety Committee reports to the PI (QA) Committee Monthly.</p>	

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K 072	Continued From page 4 Actual NFPA Standard: NFPA 101, 7.1.10, Means of Egress Reliability. 7.1.10.1*, Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. 7.1.10.2, Furnishings and Decorations in Means of Egress. 7.1.10.2.1, No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof. 7.1.10.2.2, There shall be no obstructions by railings, barriers, or gates that divide the open space into sections appurtenant to individual rooms, apartments, or other occupied spaces. Where the authority having jurisdiction finds the required path of travel to be obstructed by furniture or other movable objects, the authority shall be permitted to require that such objects be secured out of the way or shall be permitted to require that railings or other permanent barriers be installed to protect the path of travel against encroachment. 670 hours are: 2.5 pre, 4.5 onsite, 10 hours travel time, and 2 hours for write up.	K 072	MISCELLANEOUS. The membership of the Safety Committee is: Admin, DON, Staff Development Dir, Directors of: Soc Services; Act; Payroll & Benefits; Dietary Services, Hskg/Laundry, Maintenance and representatives of CNT, Housekeeping/Laundry and Dietary. The Membership of the PI (QA) Committee is: Medical Dir, Admin, DON, ADON; MDS Coordinator, Staff Development Dir, Directors of: Soc Services; Act; Business Ofc; Dietary Services, Hskg/Laundry, Maintenance, Med Records and PI (QA) Team Leader(s). The Administrator is responsible for overall compliance The Administrator is responsible for overall compliance.		